Entered -07-09-01 - sb CL 01L0425 - GWENDOLYN BURNS

CLAIM OF:

QUANTARI SMITH

340 Holly Street, Apt. C Atlanta, Georgia 30318

01- _P -1413

back up on June 4, 2001 at 340 Holly Street, Apt. C.
THIS ADVERSED REPORT IS

For property damages alleged to have been sustained from a sewer

THIS ADVERSED REPORT IS APPROVED

BY: COMOLIA PLANS NEWELL DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claimant Negligent City Negligent	City not involvedOffer rejected Repair/rcplacement by Ins. Co	Improper Notice More than Six Months	Function: Governmental X	BASIS OF RECOMMENDATION:	Statements: City employee Claimant Pictures Diagrams Reports: Police Traffic citations issued: City Driver Citation disposition: City Driver	INVESTIGATION:	NATURE OF CLAIM: Claimant alleges that she sustained dama investigation determined that the City did not have notice of any prob. The City is immune from liability as set forth in O.C.G.A. §36-33-1	Department PUBLIC WORKS Division Se Employee involved	36-33-5	Subrogation: Claim for Property damage \$ 2,500.00 Date of Notice: 6/2/01 Method: Written, Pr	o.)olly Street, _	Claimant /Victim QUANTARI SMITH	Claim No. 01L0425	
Joint Claim Abandoned	cctedCompromise settlement Repair/replacement by City Forces	Other X Damages reasonable	Ministerial		Others Written Oral Ce Others X Other X Claimant Driver Claimant Driver		NATURE OF CLAIM: Claimant alleges that she sustained damages to her residence from a sewer back up. However, an investigation determined that the City did not have notice of any problems at this location prior to the June 4, 2001 occurrence. The City is immune from liability as set forth in O.C.G.A. §36-33-1.	Sewer Operations Disciplinary Action:	Ante Litem (6 Mo.) lly Street, Apt. C	lamage \$ 2,500.00 Bodily Injury \$ Method: Written, Proper X Improper	318		Date: <u>August 26, 2001</u>	

Respectfully submitted,

MVESTIGATOR - GWENDOLYN BURNS

(Department/Bureau)	's Name)	(Year) (Ta	(Make)	0 Witness:
	V = 0 V ((Year)	(lVlake)	Carl Camera
(Driver's Name)	(Tag Number)		/N. A _ 1 _ 1	Your vehicle:_ City vehicle:
The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).	The registered owner must make the claim for vehicle damages, complete the following repair and proof of ownership of your vehicle (copy of the current tag receipt or title).	the claim for vehicle dan	owner must make oof of ownership o	8. The registered repair and pro
	ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FARESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUT	GES ARE SUBJECT TO	TES AND DAMA OUR CLAIM BE	CUNIC MANA TO ALL ESTIMA RESULT IN Y
pes, bod and my to	From on the leas of my sofa and all	room Oximy	My Day	DR. July
प्रकार	and when about 1 pm the house Flooded	about 1pm	rade bon	क्र
with Bill and the	6. State what and how incident occurred: The Hab ONE Flowed	urred: The tub	how incident occ	6. State what and
40t () 30318 Atl	Name of your insurance company: Policy No.	treet address) : SHO	Location of incident (including structure) Name of your insurance company:	4. Location of inc. 5. Name of your
3. Police called: Yes	of Incident: 10 Am	4 000 2. Time of Incident: 10 Am	nt: UNE 4 C	1. Date of incident:
property and for property and for	e amount sun	City of Atlanta that I have suffered damages in th bodily injury for which I contend the City is liable.	he City of Atlanta bodily injury fo	This is to notify t
7-9-01 - SB GWEN BURNS	ENTERED - 01L0425 -	MUNICIPAL CLERK	Clerk:	Dear Municipal Clerk:
Today's Date: JUNE 400		JUL 0 2 2001	ie, S.W. 30335	55 Trinity Avenue, S.W Atlanta, Georgia 30335
R DAMAGES DYOS	RE: CLAIM FOR DAMAGES	COUNCIL OF THE CITY OF ATLANTA MUNICIPAL CLERK City Hall	THE CITY OF AT	COUNCIL OF T

10. The acknowledgement of this claim in no way waives the sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and / or its employee(s).

11. This claim should be mailed immediately to the address shown above.